

UTILITY PATENT APPLICATION TRANSMITTAL

☒ DUPLICATE

Address to:
Box PATENT APPLICATION
 Commissioner of Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Attorney Docket No.	HOTA3010/EM
First Named Inventor (or identifier)	Tai-Shui HO
Total Pages	21

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled: **Method Of Transmitting Data Through Local Area Network**

- ☒ 1. Submitted herewith are the following:
- 9 pages of specification, including claims and Abstract.
 - 1 claim.
 - 1 Oath/Declaration signed by each inventor.
 - 1 Application Data Sheet.
 - 1 Assignment of the invention to Inventec Appliances Corp., Taipei Hsien, Taiwan, R.O.C.,
 - Cover Sheet, and payment of the \$40 recordal fee.
 - 1 check in the amount of \$790 (\$750- Filing Fee; \$40- Assignment Recordation Fee).
- ☐ 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.
- ☒ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.
- ☐ 4. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number _____ filed _____.
- ☐ 5. Insert before the first sentence of the specification: -- This application is a Continuation-in-part of nonprovisional application number _____ filed _____.
- ☐ 6. Other: _____

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.

THE FILING FEE IS CALCULATED AS FOLLOWS:						
Total Claims:	1	- 20 =	0	Basic Fee:	\$750.00	
Independent Claims:	1	- 3 =	0	X \$18 =	\$0.00	
				X \$84 =	\$0.00	
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 th Floor Alexandria, VA 22314-1176 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">23364</div> <div style="text-align: center; font-size: 0.8em;">CUSTOMER NUMBER</div>				Multiple Dependent Claim (add \$280.00):		\$0.00
				Subtotal:		\$750.00
				50% Reduction if Small Entity Status:		\$0.00
Phone: 703-683-0500 Fax: 703-683-1080				Total:	\$750.00	
Date:	Name:		Signature:		Reg. No.	
September 29, 2003	Richard E. Fichter		<i>Richard E. Fichter</i>		26,382	

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